

4-1990

## Digest of the Philadelphia College of Osteopathic Medicine (Spring 1990)

Philadelphia College of Osteopathic Medicine

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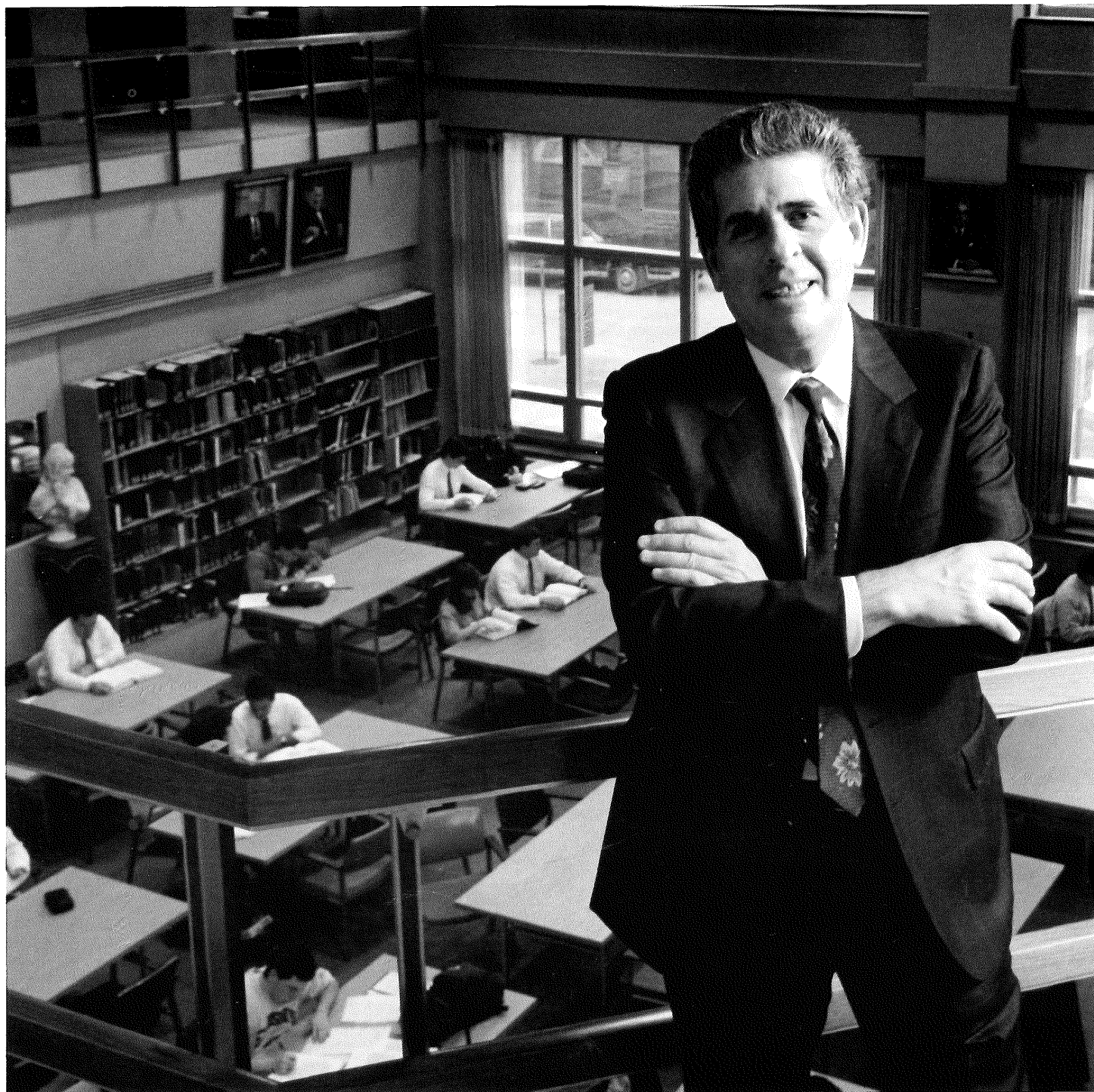
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# DIGEST

S P R I N G 1 9 9 0

New President, New Direction for PCOM





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better than — allopathic  
physicians.

Leonard H. Finkelstein, DO,  
MSc, FACOS,  
President and Chairman,  
Board of Trustees



*Leonard R. Becker '45, chairman, department of anesthesiology, greets Geraldine Terry at Founders Day.*

## DIGEST

The Digest  
of Philadelphia College  
of Osteopathic Medicine

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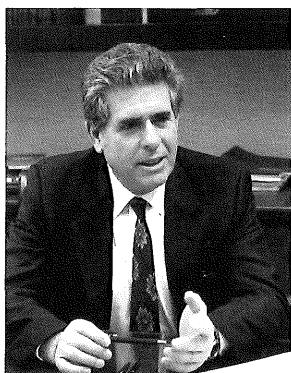
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## President's Perspective



**I**n the few weeks that I have been President of the Philadelphia College of Osteopathic Medicine, I have faced many issues that affect our college. None has surfaced so persistently, though, as osteopathic manipulative therapy and the role it should play in the education of our students.

My first confrontation with the "OMT issue" came one week after I became President, at an informational meeting held on campus for members of our Corporation, our employees, faculty and students. After I made my remarks I opened the floor to questions and comments. One of our Corporation members, a long-time practicing specialist, took the podium. He told the audience that we should wake up and realize that osteopathic manipulative therapy has little relevance in today's practice of medicine. He said it has no scientifically proven validity, and that we should join the "real world" of allopathic medicine and forget about osteopathic manipulation.

When he finished, a very angry and upset first year student challenged this physician. She said that she chose to attend PCOM because she wants to be an osteopathic physician, and to her that means learning to do manipulative therapy. She feels her education may suffer because we have de-emphasized the teaching of manipulative therapy and that we need to better integrate OMT into our curriculum. In the days that followed that meeting, I received many comments from students supporting their colleague and asking for a stronger osteopathic manipulative therapy program at PCOM.

These experiences made me rethink and reevaluate my long-held feelings about manipulative therapy and its importance to our college and profession.

OMT is such a "hot topic," I believe, because it gets to the heart of osteopathic medicine and our sense of identity as osteopathic physicians. Manipulative therapy is what makes us different from allopathic physicians. And it is what makes us better.

We know our students' didactic and clinical training is certainly equal to what students in an allopathic institution receive. We continue to suffer from the "second best" syndrome, in part because of our own inferiority complex, and in part because we need to do a better job in educating the public about our credentials.

What we need to do most is recognize that osteopathic manipulation is what makes us different from — and better than — allopathic physicians. Manipulative therapy is the "plus" that we offer. We need to recognize that manipulative therapy works, even if in some instances we have not yet proven its theory. As an adjunctive form of treatment, it adds to our armamentarium of therapy in dealing with systemic, visceral and somatic disorders. With certain musculoskeletal complaints it is the treatment of choice.

The problem we continue to face is our ambivalence toward manipulative therapy. We stress theories, some of which we can't support, while too many osteopathic medical students graduate without the ability to adequately carry it out. As a result, they have little inclination to use it in their practices.

All of our graduates should have the ability to use osteopathic manipulative therapy should they so desire. Our responsibility is to be certain that every student who graduates from our institution understands this modality and is comfortable using it. Only then can students honestly decide whether or not to make it a part of their practices. Only then will they understand what makes them different as physicians.

We are taking steps in the college to better integrate osteopathic manipulative therapy into the curriculum and to increase the number of hours of "hands-on" training the students receive. When I was a student we learned how to perform it in the fraternity houses. The alumni would teach us, and then they would watch as we practiced on one another. I'm not suggesting that we go back to the fraternity houses to learn manipulative therapy, but we need to bring that attitude and practice back into the laboratories. Every medical student learns about the miracles of modern medical technology. But only osteopathic medical students have the "plus" that makes them special — the ability to understand and implement osteopathic manipulative therapy.



Photograph by Jonathan Kirk

# Fleet Surgeon Hugh P. Scott, DO, '64

## The Highest Ranking DO in the Armed Forces Medical Corps

He will be responsible for oversight of the medical care of every American sailor and marine on land or sea duty in the Pacific theater. This spring, Hugh P. Scott, DO, '64, will be transferred to Hawaii and assume his new post as Fleet Surgeon, U.S. Pacific Fleet.

The new duty assignment follows on Dr. Scott's recent nomination for promotion to the permanent grade of Rear Admiral (Lower Half). His promotion has been approved by the Secretary of Defense acting for the President and awaits Senate confirmation. On the day he is frocked to Rear Admiral, Dr. Scott will become the first PCOM alumnus ever to achieve flag rank in the Navy.

### Philadelphia Origins

Hugh Scott was born and raised in Philadelphia. A good student at PCOM, he graduated in the top half of the 1964 class. Sure of his area of specialization, Scott completed a residency in otolaryngology at Detroit Osteopathic Hospital.

A private practice would have been the next step, but his training was completed in 1968 at the height of the military doctor shortage during the Vietnam war, and Scott was drafted and allocated to the Navy. He was assigned to the U.S. Naval Dispensary at Norfolk, Virginia, and served as chief of the ENT clinic.

Dr. Scott was released from active duty with a reserve commission in 1970 and returned to Detroit, where he entered private practice. He also held a teaching appointment as clinical assistant professor of medicine at Michigan State University, College of Osteopathic Medicine, and served as a member of the Ready Reserve.

### Return to Active Duty

Scott returned to active duty in 1975 and attended the Naval Undersea Medical Institute in Groton, Connecticut, and the Navy School of Diving and Salvage in Washington, DC. After graduation, he served as staff medical officer of Submarine Squadron Ten based at New London, Connecticut. He was designated as a qualified submarine medical officer in 1976 and qualified as a medical deep sea diving officer the following year.

He was reassigned to the staff of the Naval Submarine Medical Center in 1978, where he served as chief of otolaryngology and senior medical officer of the Groton Branch Clinic until 1983. In addition, Scott was medical officer on staff of Commander Submarine Group Two.

### Making Big Changes

Dr. Scott reported to the Naval Medical Command and served as Director, Undersea Medicine and Radiation Health Division until 1986. Then, as Commanding Officer

of the Naval Hospital in Groton, CT, he achieved significant success in improving access to patient care and physician productivity in what became famous as "The Groton Plan." Scott was awarded the Legion of Merit by the Secretary of the Navy for his exceptionally meritorious and innovative performance.

"It's not just a matter of working harder, it's working smarter," says Scott. "Without adding personnel, care delivery was reorganized on a cost/productivity basis like a civilian practice. Freed from meetings and chores during clinic hours, physicians began treating more patients. We also organized a central appointment system, began same-day surgery and opened an acute care clinic with extended hours. Good business practices increased efficiency remarkably."

In 1988, when Scott assumed his present post as commanding officer of the Naval Hospital, Camp Lejeune, North Carolina, he instituted similar innovations. "Since I've been here," he notes, "I'm happy to say that productivity has also increased."

Captain Scott is a Diplomate of the American Osteopathic Board of Ophthalmology and Otolaryngology. He is a Fellow in the Osteopathic College of Ophthalmology and Otolaryngology and is also an active Fellow in the American Academy of Otolaryngology and Head and Neck Surgery. He has served as the U.S. Navy consultant to the American College of Undersea and Hyperbaric Medicine and is a member of the Association of Military Osteopathic Physicians and Surgeons of the United States, and the American College of Physician Executives.

### Congratulated by the Chief

In a letter congratulating Dr. Scott on his selection to flag rank, Admiral C.A.H. Trost, Chief of Naval Operations, writes that it is "the result of your years of superlative performance, personal sacrifice, and dedication to our Navy and country. Your record shows that you thrive on challenge."

The college extends its warm congratulations to Rear Admiral (Selectee) Hugh P. Scott, '64, as he prepares to assume his new post. PCOM is proud that he will soon become the highest ranking DO among the more than 1200 osteopathic physicians now serving in the Medical Corps of the Armed Services.





*Commander Hugh Scott received the Legion of Merit, citing him for "extremely competent leadership, bold imagination, aggressive planning and keen coordination of care delivery in an austere resource environment."*



# Military Medicine

by Ralph Weltge

DOs were first drafted into the Armed Services Medical Corps in 1967 during the Vietnam war, the nation's longest and most reluctant conflict. Today, with the draft dormant, 242 PCOM graduates, including 26 women, are proudly serving as military physicians by choice.

Col. Ronald R. Blanck, DO, '67, was among the first DOs drafted and assigned to active duty in Vietnam, placing him by tenure and talent in a position for military leadership. Dr. Blanck holds distinctions as the first DO to become a department of medicine chief at Brooke Army Medical Center, Ft. Sam Houston, Texas, the Army's largest medical teaching center. At age 37 he became the youngest full colonel on duty in the Army.

Blanck has served as dean of students at the Uniformed Services University School of Medicine in Bethesda, Maryland, was chief of the Medical Corps Career Activities Office responsible for the career development of more than 5,000 Army physicians, and was commander of the U.S. Army Hospital in Berlin. Now 21 years into his career, he is commander of "the big one," the Frankfurt Army Regional Medical Center (FARMC) in West Germany.

FARMC is the busiest medical facility of all four services outside the U.S., with 14 satellite clinics and 66,000 patient visits per month. His staff cares for more than 150,000 soldiers and civilians in a 5,500 square mile area and offers specialized care for most of the U.S. Army in Europe. Ronald Blanck commands respect and exercises power. *Medicine with a Military Twist*

"Medical policies and practices in the military are not much different from the civilian sector," says Blanck, who sees the large picture. He grants two important exceptions. "We tend to be under resourced, causing chronic access problems, so we find ways to deliver timely care without breaking the bank. We also give priority to active duty personnel because our overriding goal is maintaining a ready force." His other problems will sound familiar to civilians — increasingly costly technology that cares for fewer people because of declining hospital populations, and a fixed cost reimbursement system.

Alumni in the military are enthusiastic about their careers and agree with Col. Blanck, who says that DOs fare remarkably well working for Uncle Sam. In addition to his stellar performance as the first DO in many posts, Blanck credits his training and osteopathic approach to medical practice for the high visibility he now enjoys. Yet every military physician is identified only by an "MC" (Medical Corps) after his or her name, and one must dig for degrees since the military makes no distinctions between DOs and MDs.

Blanck has been amazed by the high quality of the people with whom he works. He says, "I was also sur-

prised by the enormous complexity of practicing and supervising medicine in what is actually a huge HMO, with all the problems of any large organization coupled with micro-management by Congress and the Department of Defense (DOD). The second guessing is the most discouraging part. The challenge is to make the system work by doing the necessary in creative ways, and doing it well. To provide leadership and impetus for everyone in my command — that's fun!"

## Crisis Medicine

A relaxed, routine practice one minute . . . and suddenly all hell breaks loose. Lt. Comdr. Donald H. Rosenbaum, DO, '86, was nominated for the Navy Marine Corps Medal for his combat-type triage work on the battleship USS Iowa after an explosion in gun turret number two killed 47 sailors. A Navy flight surgeon on pre-deployment exercises in the Caribbean with his F-18 fighter squadron, Dr. Rosenbaum was flown to the Iowa from the carrier USS Coral Sea. Awed by the Iowa crew that performed so courageously during the disaster, he treated the injured and led the team recovering the bodies.

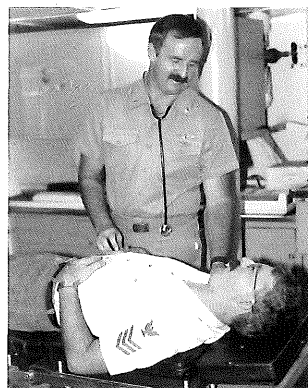
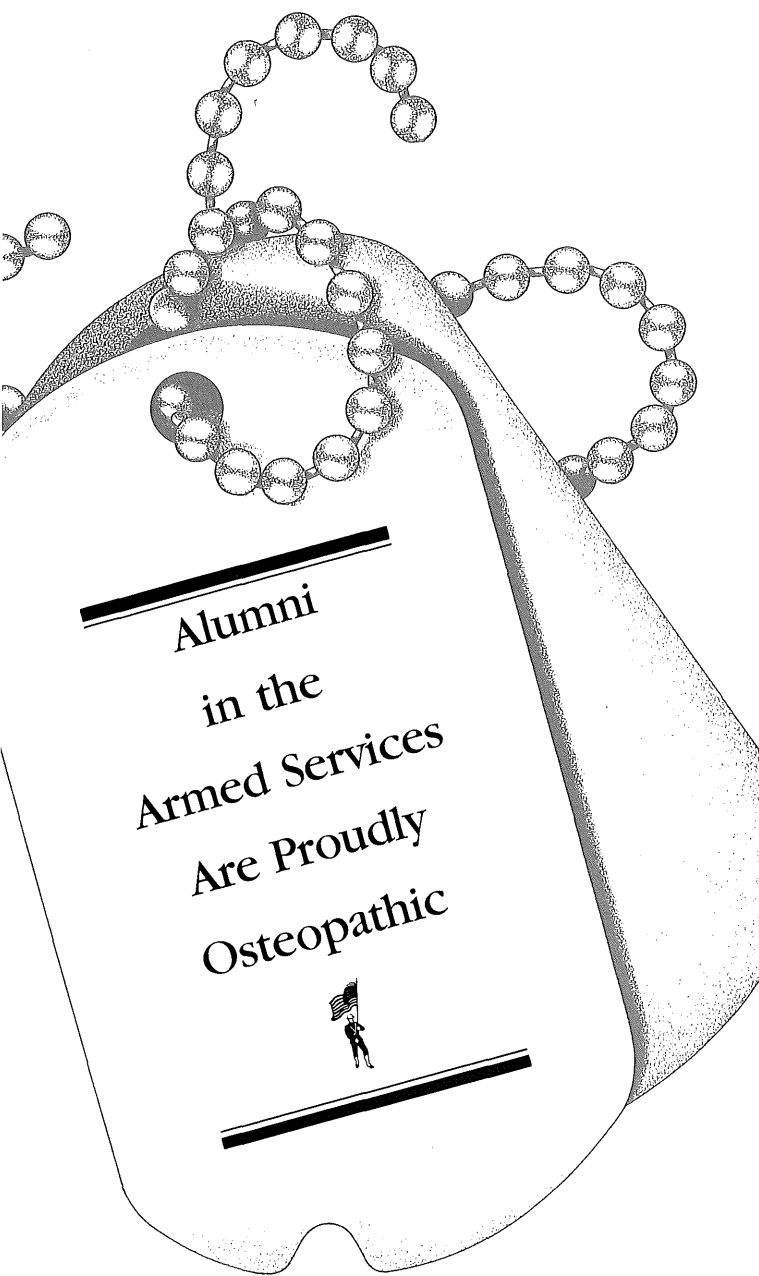
Rosenbaum has a Master of Health Administration degree and was a Medical Corps officer for five years before coming to PCOM on a naval scholarship in 1982. He oversaw the building of the naval hospital in Orlando, Florida, and worked as the outpatient administrator at the U.S. Naval Hospital in Naples, Italy.

It was an earlier crisis, this time a natural disaster, that compelled Rosenbaum to change course and go for his DO degree. When an earthquake rocked southern Italy in the fall of '80, he stepped in as liaison for the American medical support that was provided to the Italians in Naples and nearby mountain provinces.

"The earthquake turned me toward medical school," Rosenbaum recalls. "Although I was administering the American response, I felt that I really wanted to work hands-on and treat the victims." For his performance he received the Navy Commendation Medal, the Humanitarian Medal, and the Medal of Merit from the Italian government. His roommate at that time, Joseph Andris, DO, '76, told him about PCOM and later arranged an interview with Dr. Thomas Rowland, who sold Rosenbaum on the school's love for qualified second career candidates with varied backgrounds. After graduation and a military surgical internship, Dr. Rosenbaum received his naval flight surgeon wings in 1988 with fellow PCOM classmate Thomas J. Moran, DO, '86.

## The Uniform Difference

"The only difference I see between military and civilian practice is that we wear a uniform," Rosenbaum says. "We don't carry malpractice insurance because the federal tort



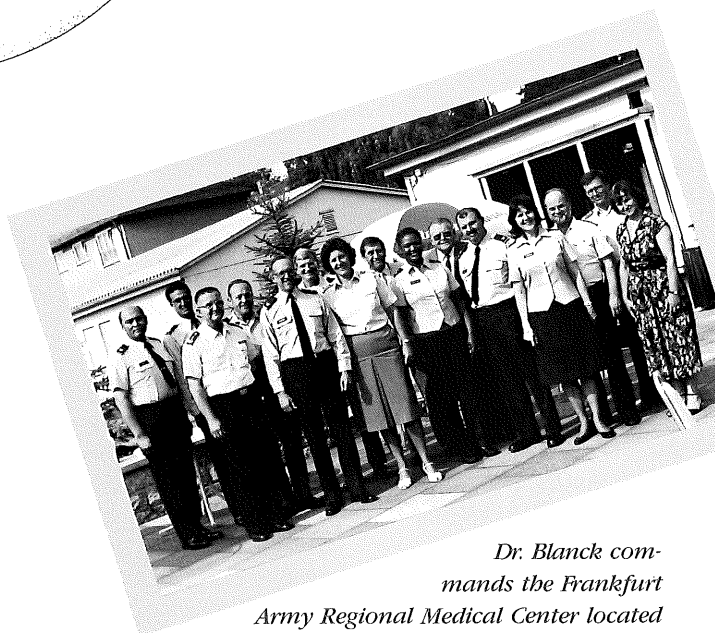
*With 10 years of military medicine now behind him, Dr. Rosenbaum is excited about beginning an orthopedic residency this summer.*



*"My expectations of military medicine have certainly been met," says Dr. Blanck, who has served as a clinician, educator, department chief, staff officer and commander.*

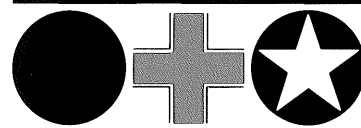


*Flight surgeons receive two months of primary flight training and solo in a T34. Rosenbaum now regularly flies duo in advanced fighter jets.*



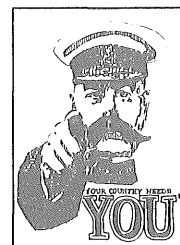
*Dr. Blanck commands the Frankfurt Army Regional Medical Center located on the site of a facility built in 1939 for German Air Marshall Hermann Goering.*

## The Greening of Military Medicine



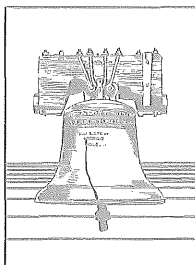
The Department of Defense (DOD) denied Medical Corps commissions to DOs during three-and-a-half of the four major American wars of this century. Instead, DOs were deferred for essential civilian service during World War II and Korea and had to volunteer as line officers in order to see combat.

• Public Law 84-763 was enacted by Congress in 1956 and permitted the Armed Forces to include DOs in any doctors' draft. The law was ignored for a decade while the Surgeons General continued their de facto implementation of AMA policy, ironclad since its formulation in 1917, which was to exclude DOs from service as military physicians.



• The Vietnam War was to break the allopathic mentality of government. Medical Corps manpower levels were overwhelmed by the escalating war, and the service branches began drafting large numbers of MD physicians while still deferring DOs. The MDs soon protested the discriminatory policy that shipped them off to Vietnam and left DOs back home to care for their patients.

## The Greening of Military Medicine



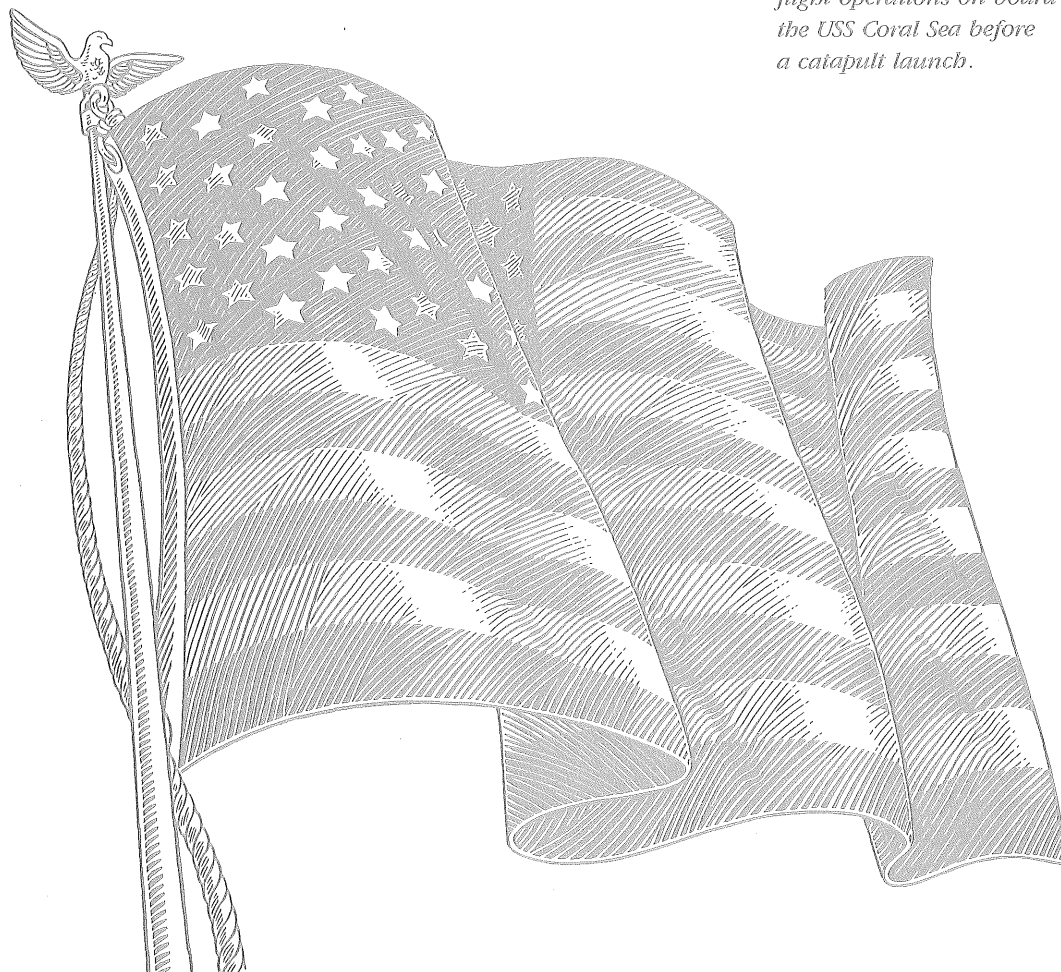
• Early in 1966, the Camden County Medical Society fired up New Jersey Congressman William T. Cahill, who hounded the DOD, the Surgeons General and the AMA, which he blamed for the exclusive drafting of MDs. He pointed out that the AOA had repeatedly called for implementation of Public Law 84-763, now ten years old, and asked the DOD "why it chose to ignore the law of the land." Cahill's persistence, coupled with timely AOA lobbying and the military doctor drought, forced the AMA and the Joint Commission on Accreditation to overturn their exclusionary policy.



• Secretary of Defense Robert McNamara issued a directive on April 16, 1966, ordering the military to accept qualified DOs who volunteered for active duty commissions in the Medical Corps. But DOs were still not being drafted when Harry J. Walter, DO, was sworn into the U.S. Air Force on July 14, 1966, as the first osteopathic physician to break the military medicine barrier.



*Dressed in "speed jeans" and garlanded with gear, Rosenbaum talks over flight operations on board the USS Coral Sea before a catapult launch.*





law covers us, but we deal with DRGs, have the same quality assurance, physician review, and we are held to the same medical standards as our civilian counterparts. We must be state licensed, maintain national boards and fulfill CME requirements."

He illustrates the changing practice demands on military doctors this way. With Marine Air Group VMFA 451 based in Beaufort, South Carolina, he calls the job a family practice with a slant toward aviation. When his squadron deploys to sea, the care focus becomes combat readiness. When the USS Coral Sea sails on extended mission, such as offshore Lebanon where Rosenbaum was during the hostage crisis last summer, the patient mix can resemble an occupational medicine practice that includes preventive medicine, general sick call, physical exams and emergency medicine.

"Epidemiologically we treat diseases seldom seen in the states," Rosenbaum notes. "During our recent Mediterranean deployment we fought an outbreak of giardiasis that was contracted in Turkey. Multiple problems surfaced after our Alexandria, Egypt, port of call — amebic dysentery, salmonella, schistosomiasis, hepatitis and a suspected malaria. The crew and air wing are briefed on precautions, but sailors will be sailors. They do what they want on leave...we pick up the pieces and try to figure out appropriate treatment.

"The downside of military medicine is a station transfer every three to five years. This means leaving close friends and a comfortable practice behind," Rosenbaum admits. The new tasks are some consolation. The big challenges for him are the periods of family and professional isolation. "On several deployments I've been the referring physician for independent duty corpsmen and physician's assistants — often I'm the closest physician they've got for hundreds of miles. You quickly learn to think on your feet and update your knowledge and skills with CMEs, general study and literature review.

"I'm very optimistic about military medicine," Rosenbaum adds. "A young doctor can find first rate internships and residencies. What's more, an operational tour is a great way to sharpen your skills and gain confidence in your decision making processes. I'm planning to make the military a career and will begin an orthopedic residency at the National Naval Medical Center in Bethesda this summer. Although I'm excited, I'll miss the flying and camaraderie of an active frontline squadron."

In 1987 the DOD issued a strong new policy recognizing the AOA's specialty certification process. This action now ensures equal training opportunities for military DOs, some of whom had previously been denied access to certain residencies accredited by the allopathic specialty boards.

## Flying with Friends

Flying one day a week along with the unique challenges of flight medicine and aerospace medicine keep Major Arne Hasselquist, DO, '83, in the U.S. Air Force. He finds his practice singular, one he probably never would be able to pursue in the civilian world.

With five years of military service, Dr. Hasselquist is flight surgeon to the 43rd Tactical Fighter Squadron of F-15s at Elmendorf AFB in Anchorage, Alaska. He cares for 30 pilots and their families, also active duty personnel on flying status such as parachutists, weapons controllers, para-rescue specialists and air traffic controllers. His primary mission is preventive medicine that keeps pilots healthy and minimizes the loss of flying time due to illness or other problems.

Hasselquist's first years of service repaying his Air Force scholarship at PCOM were in family practice and ER duty, which he found discouraging. However, his high expectations of military medicine were fully met once he moved into flight medicine. As he surveys them, "I travel to many different countries, soar in the world's most advanced fighters, have made numerous close friends and simply love aerospace medicine."

The bonds fostered by military life are legendary. Hasselquist identifies the toughest part of flight medicine as earning the trust and respect of pilots in the squadron after being assigned to a new base. Most pilots fear only one thing, he asserts, a trip to the flight surgeon who could ground them. But he finds that pilots are highly motivated and strive for superior health, making them cooperative patients and in time great companions. Personal friendships and loyalties are important to Arne Hasselquist when it comes time to re-up for another hitch in the Air Force.

## Osteopathic Advantages

"We have real advantages," says Hasselquist, explaining why osteopathic skills are a plus factor. "DOs often use OMT instead of drugs to keep pilots healthy or return them to flying status more quickly, which MDs can't do. I consult throughout the hospital in all clinics with my expertise in manipulative therapy and work jointly with physical therapy on tough cases of neck and back pain. Hands-on practice and treatment of the patient as a whole rather than the disease are extremely beneficial to military medicine. Many patients tell me how much they appreciate the difference a DO makes."

OMT has not always been cherished by military medicine. As recently as 1986 the Naval Medical Command issued a policy prohibiting OMT in naval hospitals. After protests by the Association of Military Osteopathic Physicians and Surgeons (AMOPS) and the AOA, the Navy re-

scinded the ruling a year later. All three services now grant privileges in manipulation based on the DO degree.

## Roughly Ten Percent

The college is now helping prepare the next generation of military physicians. Among PCOM's 818 students, 33 (4%) are currently studying on full military scholarships (23 Army, 10 Navy). The number is down because applicants from the 14 other osteopathic colleges are increasing, making the competition stiffer.

Meanwhile, the DOD is stepping up its recruitment of doctors and nurses because of medical personnel shortages. The Navy Surgeon General's office reports an 11 to 12 percent annual attrition rate. Of its 4,082 physicians, 368 (9.9%) are DOs. There are 4,056 physicians in the Air Force Medical Corps and 356 (8.8%) are DOs, 38 of them with the rank of full colonel. Among the 5,224 Army physicians on active duty are 487 (9.3%) DOs.

Other alumni have achieved command positions. They include James H. Black, DO, '62, military district representative on the PCOM Alumni Association Board, who recently repatriated after commanding the U.S. Naval Hospital in Japan. Charles H. Kershaw III, DO, '62, was Medical Corps commander at Mountain Home AFB in Idaho. And Lt. Col. H. Sprague Taveau IV (ret.), DO, '77, commanded the Army Medical Corps at Ft. Benning, Georgia.

While military medicine is high adventure, civilians often perceive the pay as comparatively low. Our docs in uniform disagree. Assuming standard promotions and

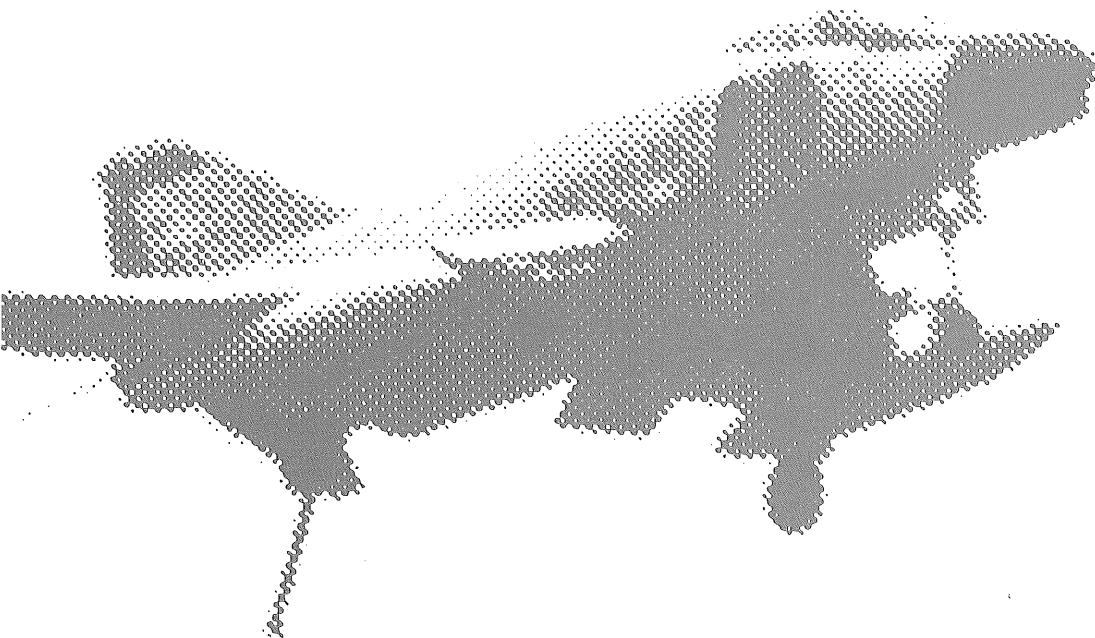
wisely invested funds, a DO ending a 20-year military career can often match civilian peers. Then, around age 45, he'll draw \$25-\$30K retirement pay for life and practice as much as he chooses. Military physicians also calculate the money saved on malpractice insurance and office overhead costs and enjoy working normal hours and taking 30 days of paid annual vacation without practice coverage worries.

## Strong PCOM Roots

Looking back, alumni in the military often trace their success to the solid training they received. Dr. Hasselquist lauds his education, especially rotating externships. "The clinical experiences during the last two years at PCOM were extremely important," he volunteers, "and in my opinion have it way over what allopathic schools offer. The emphasis on OPP was also superior to some other osteopathic schools and benefits my daily practice."

Dr. Blanck says, "PCOM gave me an excellent background in basic sciences and a clinical exposure that I came to appreciate only years later. It set my values in terms of patient care, helping me view the whole patient as the most important person in the physician/patient relationship." Speaking for these three enthusiasts of military medicine, Commander Blanck says: "I've enjoyed every one of my 21 years in the Army, and every job has been better than the previous one. I wake up every morning and look forward to going to work."





*proud of his F-15 fighter  
jet at Elmendorf AFB in  
Alaska, Dr. Arne  
Hasselquist says, "There  
are good reasons to  
choose military medicine.  
It's a great way to pay for  
medical school, serve your  
country, see a variety of  
medical problems and  
specialties, enjoy travel  
and have plenty of free  
time with your family."*



### The Greening of Military Medicine



• In late 1966, the American Medical Association House of Delegates unanimously supported the inclusion of DOs in the doctors' draft. Then, for the first time, 111 DOs were drafted in February of 1967 and the equal right to be conscripted for military medicine was finally achieved.



• PCOM alumni will be among the first to go in any future doctors' draft. As required by Public Law 100-80, Selective Service sent an "operational concept for a stand-by Health Care Personnel Delivery System" to Congress last August. The new plan will induct men and women DOs under age 45 within 10 days of a mobilization order instead of the months it took under the doctors' draft in effect from 1950 to 1973. And no physician will be allowed to apply for deferment or exemption until receiving an induction order. Congress must now decide whether to reject, enact or pocket the plan as standby legislation in case of need.

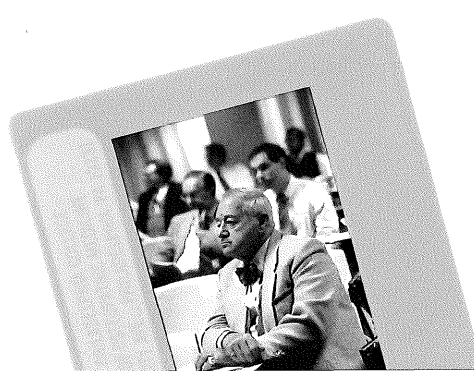
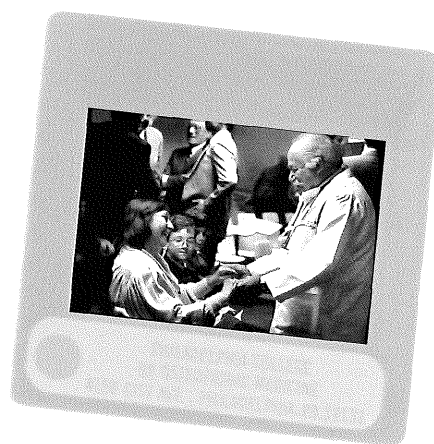
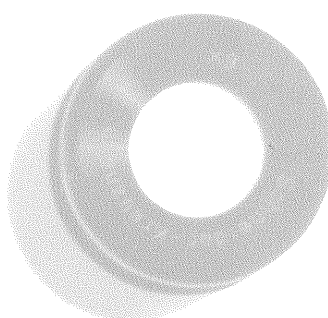
[Robert A. Klobnak, executive director of the Association of Military Osteopathic Physicians and Surgeons, provided historical research for this story.]

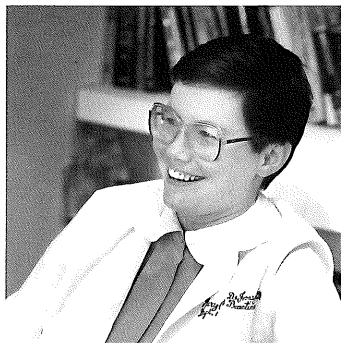


# Founders Day 1990 at a Glance

Several hundred PCOM graduates and their guests were on hand to celebrate Founders Day Weekend 1990 in January. This year's events included continuing medical education programs on January 26 and 27 on the college campus, activities honoring Morton Terry, DO, MSc, FACOI, the 1990 O.J. Snyder Award recipient, and reunion gatherings for several PCOM alumni classes. The annual Founders Day alumni dinner dance took place at the Adam's Mark Hotel in Philadelphia, where a festive crowd of nearly 500 alumni, spouses and friends dined and danced the night away. The momentum continued on St. Thomas, the Virgin Islands, where PCOM sponsored its annual post-Founders Day CME seminar from January 28 to February 4.







*Mary DeJoseph, DO, chief of geriatrics at OMCP.*

“One student is a fine piano player. After meeting the elderly lady assigned to him for monthly visits, he volunteered to play for her the next time he dropped by the retirement residence.

“On the next visit, he’s tickling the ivories in the lounge as doors up and down the hallway begin to open. The other residents are surprised and curious about the music and naturally drift toward its source. Lo and behold, he ends up giving a concert for the whole floor by doing a little piano practice in public, and his audience loves hearing all the oldies from the 20s and 30s. Everyone’s happy about the event, and I think it’s just great. It shows what this program can do.”

# ‘The Best is Yet to Be’

## Early Student Exposures to Primary Care of the Elderly

by Ralph Weltge

### Ice Breakers

Speaking is Mary DeJoseph, DO, '86, chairman of the division of geriatric medicine who developed the program, new this year, that goes by the acronym ICE, shorthand for “Introduction to Care of the Elderly.” Required of all first and second year students, its goal is to change some of the feelings and attitudes the young have toward the aged. The 414 student participants have been randomly assigned in pairs to half as many elders. Each student begins by caring for the social and emotional needs of a resident in one of three area retirement homes. Gradually, the student will assume more responsibility for monitoring and assisting with the health care of the person.

“The purpose of the program is twofold,” explains DeJoseph. “The first is to sensitize students to the nature and needs of aged patients, and the second is to foster positive attitudes through clinical exposures that are not academically oriented. We want PCOM students to start feeling comfortable with older people, to learn how to break the ice, and to gain some skills in physician/patient communication.”

Nothing of this scope has been tried before in a Philadelphia medical school. To evaluate the program at the end of its first year, eight tests have been developed. They include pre-and post-evaluation of student attitudes, interviews with each elder and facility administrator involved, and factual tests based on the orientation lecture series and the academic geriatrics course.

DeJoseph sees the new venture as dynamic rather than definitive at this stage. “Some of the looseness is intentional,” she says. “This pilot is neither strictly structured nor burdened down with theory because I want to see how the students themselves will mold the program.”





*"I'll continue to see Mrs. Swain as long as I'm in the area," pledges student Wendy Weiss, "simply because I enjoy doing it. I never have to think — what I'm going to say next? There's no pressure, and we always find something to do. Medical school is a big part of your life, but not your whole life."*

### Take Your Dog Along

Sophomore Wendy Weiss turned the program inside out when random selection dealt her a live wire who couldn't even be tracked down. This lady was writing her book each morning and buzzing off to sundry activities the rest of the day. It was a case of "magnificent noncompliance," an elder who outran the student.

"She didn't need me," Weiss admits, "so I found my own elder person. Her name is Rita Swain, an 83-year-old who uses a walker because of impairment from five strokes. One day, visiting a friend with my cocker spaniel, I met Mrs. Swain's daughter in the apartment house, and she said, 'If you want to make an old lady happy, take your dog to see my mother.' I did and discovered a wonderful person who reminds me of my grandmother in Florida. I really enjoy visiting her, and she welcomes us because there are few outside stimuli in her life. There's a certain bond between us; it just worked out that way."

This pairing now outruns the program, since Weiss visits weekly instead of monthly, as required, and takes other students along who are glad to share the experience. "It's an excellent opportunity," she says. "I've learned that it's tough to become old in this society. The 'golden years' are supposedly beatific, but are actually full of stress for many, especially if you're handicapped or debilitated. This society offers little to people like that."

While some students skate merrily over ICE, there are others who fall right through, always glancing at their watches during an elder visit and wondering . . . 'when can I get OUT of here?' Weiss concludes, "It really depends on the students, what they make out of the program."





### She Misses Me

Dr. DeJoseph knows elders who think it all depends on them. One lady said, "You're going to assign students to me, well how many? Two? I've changed my mind, assign four and I'll teach them something. We'll have sessions and I'll tell them how to care for old people." And then there's Betty Hovey, who told DeJoseph, "I'd better think of something to keep John Lawless entertained this week."

Sophomore John Lawless says, "Betty's really nice; she's 94 with only some hearing loss. Shy at first, she became more friendly the second visit, and now she keeps asking me to come more often. When other students are over there, she'll knock on the door with her cane and say, 'Where's John Lawless, he's supposed to see me!' I guess it's good for her and kind of fun for me. One of the worst problems of old age must be boredom."

If some students get uptight or find old folks less worthy of attention, Lawless is casual enough to be amused by their foibles, such as the slowpoke driving and the ear bending. He comes by it naturally, living as he does with his one grandmother. He dines weekly with the other, who at age 79 does volunteer work in a nursing home, always wants to wash his sweater and "talks me into the floor," he says. Such unique family solidarity perhaps renders Lawless a ringer in this program.

### Feeling Like a Doctor

When the program is fully staffed, students will accompany physicians making rounds in the retirement homes. Valeri Roth is already easing her way into that phase. "For the first time I've felt like a medical person," she admits, "rather than a lay person entering the room of a stranger. I'm learning how to get the information I need without being abrasive or coldly clinical, just by being there as someone who cares about the person."

Her "young elder," age 67, is good mentally but has had a mastectomy, is hypertensive and has other health problems that Roth is gently exploring. Tentatively drawn to geriatrics, Roth will do her preceptorship next year with Dr. DeJoseph. "I'm not sure about specializing in the field, but Dr. DeJoseph has told me that I will," says Roth with a smile. "We'll make a geriatrician out of you yet," that's what she claims."

Roth is excited about ICE and feels for some classmates who have poor experiences. "My friend has a white elder who is obsessive about racial prejudice because she has a black roommate and will talk of nothing else. That's sad, but also a challenge; in practice we'll have to face the worst as well as the best in people along with patient noncompliance of all kinds."



*Former West Point wrestling coach Witney Gibson sometimes strains to communicate with Mrs. Kynett due to her natural reserve and her deafness. "But you get used to it," he says, "and we have a super time. She greets me with a smile and is always willing to listen."*

Student noncompliance with the ICE program can be found as well. Those interviewed generally agree that this pass/fail course receives mixed reviews from the first and second year classes. About 25 percent of the students are on a roll and enthusiastically support the program. Half of them do it as a requirement and may well be surprised by the benefits they receive. The other 25 percent are down on it for diverse reasons. If graphed, it would show a normal bell curve distribution.

#### **Treating People First**

"Some people don't like doing anything they're told to do," says Whitney Gibson, sophomore class president. "After West Point and four years in the Army, I've learned to accept an assignment and do the best I can. My elder person can barely hear and doesn't say much, so I have to get real close and carry most of the conversation. But she's a super nice lady, alert, and disappointed if I don't go to see her."

Gibson praises ICE as one of the wide variety of exposures that PCOM offers students in order to make them better physicians in the long run. "We get ENT, eye exams, pelvic exams, pediatrics, patients with diabetes and other problems . . . so why not confront geriatrics," he asks. "We face a burgeoning older population, and it's amazing how much you can learn from them and what they can learn from you. It's required, it's good exposure, not that difficult to do, and it will benefit us."

With his friends in other medical schools taking only three courses the first semester, Gibson finds the "extra classes" at PCOM an advantage, not a burden. "We have to treat patients without biases from our upbringing," he says, referring to students who may feel uncomfortable with certain issues, such as human sexuality or geriatrics. "This school turns out well-rounded physicians who treat people first and have a compassionate approach to patient care, which is so important. If you can't be a human being first, then you don't deserve to be anything else."

#### **In One Word**

"If I had to sum up the goal of ICE in one word," Mary DeJoseph reflects, "it would be 'socialization.' The kinks have to be ironed out and supervision of the students tightened in order to augment their socialization in the world of the elderly. However, while still dynamic, the beginnings of an excellent program are in place.

"This society tends to close the minds of students on geriatrics," says Dr. DeJoseph. "I'm not here to change their personalities, but they're going to have to learn about older people. The number of elders in the future will be overwhelming . . . I'm going to stay in practice forever!"

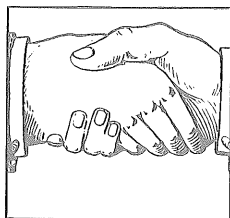


*"As a military officer," says Gibson, "I learned to treat everyone fairly and equally, even the lowliest private. You're never too good for somebody, I don't care who you are. Because friends . . . if you don't have friends . . . you're never going to make it. Never."*



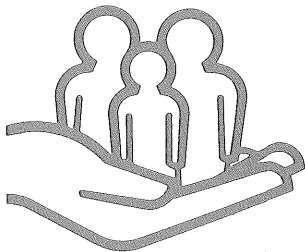
## Newsmakers

**Jeffrey Freeman**, DO, chairman, division of endocrinology and metabolism, was recognized for outstanding service to the American Osteopathic Board of Internal Medicine. Clinical professors of psychiatry **Martin Goldstein**, DO, '45, and **Martin Goldsmith**, DO, will serve the American Board of Sexology as examiners of candidates seeking certification.



**Steven Snyder**, DO, '75, **Bohdan Minczyk**, PhD, and **Bonnie Christoff**, RN, submitted a scientific abstract to the Federation of the American Society for Experimental Biology concerning neonatal pulmonary function in Caesarean vs. vaginal delivery.

The March of Dimes Birth Defects Foundation gave OMCP's Family and Parenting Services a \$2,000 grant to support a regional conference for health care providers and school personnel to strengthen collaboration among institutions serving teen parents.



## Student National Medical Association



*Leonard Johnson, DO, (left) and William King, DO, each received the Meta Christy Award at Recognition Night.*

During Black History Month, the SNMA held its second annual Alumni Recognition Dinner Celebrating the Minority DO. The gathering was addressed by **Leon Johnson**, president of National Medical Fellowships, Inc., a major provider of grants and fellowships to minority medical students.

The honorees receiving Meta Christy Awards for exemplary practice of osteopathic medicine and community service were **Leonard W. Johnson**, DO, '64, and **William M. King**, DO, '62. The award is named after **Meta Christy**, DO, '21, PCOM's first minority graduate.

SNMA Mentor Awards recognize physicians who serve as positive role models for minority student doctors. The honorees this year were **Harvey Bryant, Jr.**, DO, '75; **Oliver C. Bullock**, DO, '78; **Frederick C. Hawkins, Jr.**, DO, '65; **Roberta Lee**

**Powell**, DO, '84; **Ricky Lockett**, DO, '84; and **Faye A. Rogers-Lomax**, DO, '76.

Service Certificates in recognition of support and guidance provided PCOM's minority students and SNMA chapter were given to honorees **Robert Cuzzolino**, EdD, assistant dean for educational resources; **Carol Fox**, director of admissions; **Michael J. Kirschbaum**, DO, '75; and **James Portlock**, MBA, assistant to the dean.

Also celebrated was the doubling of PCOM's Minority Scholarship Endowment during the past year; it now totals \$33,500. The task force has set the goal of reaching \$50,000 by July of this year. The strongest leaders in minority scholarship fund-raising have been **John J. Bowden, Jr.**, DO, '79; **Charles R. Bridges**, DO, '64; **Leonard W. Johnson**, DO, '64; and **William M. King**, DO, '62.

**Foundation Grant Expands Medical Education**

PCOM's predoctoral clinical training program will benefit from the generosity of The Benjamin & Mary Siddons Measey Foundation. The college has received a one-year, \$10,000 grant from the Foundation to expand PCOM's rural family practice training to 10 locations throughout Pennsylvania beginning this May. The ten locations provide two-month rotations for fourth year students. "The grant assists the college in increasing its established clinical training rotation from three to four months, enabling fourth year students to spend two months at an urban family practice setting and an equal amount of time at one of the 10 Pennsylvania sites," said **Robert Berger**, DO, '58, assistant dean for clinical education.

PCOM is one of the few medical schools in the country offering its students both urban and rural family practice rotations. The educational diversity is a unique learning experience for predoctoral medical students. Berger added, "Students placed in urban health care centers receive a significantly more structured didactic training experience, while students at rural sites are trained in a more 'hands-on' clinical environment."



**NIH Awards Grant to PCOM**

Researcher Mindy George-Weinstein, PhD, assistant professor, Anatomy, and PCOM have been awarded more than \$110,000 in research funding by the National Institutes of Health to study basic mechanisms of embryonic development. The two-year grant will be used specifically for laboratory studies aimed at understanding how muscle and connective tissue cells become specialized during embryonic development.

Weinstein, principal investigator in the NIH project, will be working in collaboration with Jay Lash, PhD, professor of anatomy at the University of Pennsylvania School of Medicine. "Our purpose is to understand molecular events which regulate muscle and connective tissue development," she said. "We apply this knowledge to the prevention of birth defects and the treatment of diseases of the musculoskeletal system."

**Osteopathic's Bike Tour Successful**

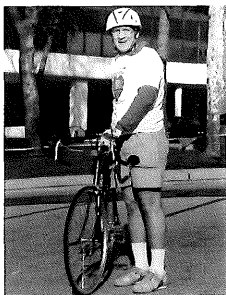


*Showing support for Osteopathic's "Wheels for Health" bike tour are (left to right) Bob Rafferty, OMCP, Ben Blank, PCOM, '92, Leonard Finkelstein, 59, Ernie Munns, OMCP and Cindy Pivik, OMCP.*

On April 22, cyclists from the metropolitan Philadelphia area met at PCOM's campus for the "Wheels for Health" bike tour, a fundraising event sponsored jointly by PCOM students and employees of Osteopathic Medical Center. Proceeds from the event benefit indigent care at Osteopathic Hospital.

Cycling enthusiasts traveled a scenic, 60-mile bike route from PCOM to Valley Forge State Park and back. In addition to the nominal registration fee, participants were encouraged to seek sponsors' donations from employers, co-workers and friends. Local merchants donated food and refreshments for the event, and PCOM's vendors contributed funding for commemorative T-shirts with the Osteopathic logo, given to cyclists and volunteers. Regional travel agencies also donated prizes of vacation trips to the Bahamas for the top male and female fundraisers.

If the enthusiasm of the volunteers and the cyclists is any indication, Osteopathic's "Wheels for Health" bike tour will prove to be a successful annual fundraising event.



*Robert Berger, DO, 58.*

1947

**Andrew D. De Masi**, Cherry Hill, NJ, professor at UMDNJ School of Osteopathic Medicine: "Contraception Through the Ages," Journal of the NJAOPS, Vol. 88(8), 1989.

**Philip Shtasel**, Penn Valley, PA, has published his book titled *Medical Tests and Diagnostic Procedures: A Patient's Guide to Just What the Doctor Ordered*.

**William C. McNeal**, New Bethlehem, PA, was selected "Doctor of the Year" by the staff of Clarion Osteopathic Community Hospital.

1953

**Frederick C. Kurn**, Tarentum, PA, retired after serving the community for 35 years, and East Deer declared a special day in his honor.

1956

**Joseph C. Andrews**, Birmingham, MI: "Endoprosthetic Insertion for Malignant Obstructive Jaundice: A Retrospective Review," JAOA, Vol. 88, 1988.

1957

**Daniel H. Belsky**, Voorhees, NJ: "Alternatives to Hysterectomy," Journal of the NJAOPS, Vol. 88(8), 1989.

1958

**Earl C. Smith**, Sun City West, AZ, was appointed to the medical staff at Wernersville State Hospital.

1960

**William L. Bollman III**, Macungie, PA, and his found-

ing partner **Edward M.**

**McGinley**, '66, turned the Macungie Medical Group, with its 24-hour 365-day total availability to patients, into a gathering of the local PCOM Alumni Association when they brought **John M. Sherm**, '77, **Hal S. Bendit**, '84, and **Jill Bortz**, '85, on board.

**Donald I. Loder**, Leesport, PA, was installed as president of the Berks County Medical Society.

1962

Robert S. Mauer, NJ, has been selected "Physician of the Year" by the NJ Association of Osteopathic Physicians and Surgeons.

1963

**Warren Wolfe**, Cherry Hill, NJ, was certified by the American Board of Quality Assurance and Utilization Review Physicians.

1964

**F. Kenneth Shockley**, Stratford, NJ, was re-elected to the ACOS Board of Governors and elected secretary-treasurer, was re-appointed to the evaluation committee and served as guest editor of "Prostatic Disease and Prostatic Carcinoma," Journal of the NJAOPS, Vol. 88(7), 1989.

1965

**Richard S. Hinkle**, Danville, PA, a specialist in high-risk pregnancies, has joined an ob/gyn practice at Bloomsburg Hospital after 18 years with Geisinger Medical Center.

1966

**Michael I. Abraham**, Bala Cynwyd, PA: "Transhiatal Blunt Esophagectomy for Carcinoma of the Esophagus," JAOA, Vol. 90(1).

**Merrill Jay Mirman**, Springfield, PA, was honored at the National Air and Space Museum, Washington, DC, by the National Aeronautic Association for achieving an aviation speed record as a pilot.

1969

**Robert A. Barnes**, Allentown, PA, and **Dale R. Bortz**, '85, along with their KCOM colleague John Heid, offer one-stop shopping for newborn to geriatric care at their East Penn Family Practice in Emmaus.

**Frederick L. Cole, Jr.**,

Moorestown, NJ, was appointed to the associate staff, department of surgery, section of orthopedics, at West Jersey Health System.

1970

**Louis C. Haenel**, Stratford, NJ: "Hyperthyroidism with an FSH- and TSH-Secreting Pituitary Adenoma," JAOA, Vol. 88, 1988.

1971

**Gerald F. Robbins**, Garden City, MI, was one of a select group of neurologists chosen nationally to attend an epilepsy mini-fellowship at the Bowman Gray School of Medicine.

1971

**Mark B. Fishstein**, Birchrunville, PA, was appointed to the medical staff at Wernersville State Hospital.

1972

**Robert S. Auerbach**, Huntingdon Valley, PA, has joined the ob/gyn department at Jeanes Hospital.

**Stephen L. Burnstein**, Cherry Hill, NJ, who says "wine is my second love," won the Great American Wine Contest sponsored by Diversion Magazine and received a free five day trip to California's Sonoma Valley for two.

**Robert S. Ivker**, Littleton, CO, had his book titled *Sinus Survival* published by the Whole Health Press and says he is working on his next one.

1973

**John C. Chiesa**, Medford, NJ, was given the "Excellence in Teaching Award" for the second time by the foundation of the UMDNJ School of Osteopathic Medicine, where he is an assistant professor in the department of medicine.

1974

**Anthony V. Benedetto**, Philadelphia, PA: "Micrographic Surgery: The MOHS Technique," Journal of the NJAOPS, Vol. 89(1), 1990.

**Daniel B. Brubaker**, Redondo Beach, CA: "Use of Platelets in Transfusion Medicine," JAOA, Vol. 88, 1988.

**Larry W. Cohen**, Cherry Hill, NJ: "Transhiatal Blunt Esophagectomy for Carcinoma of the Esophagus," JAOA, Vol. 90(1), 1990.

**Edward Sarama**, York, PA, a member of the board of the American Trauma Society and chairman of the AOBEM, was elected president of the American College of Osteopathic Emergency Physicians.

1976

**Scott G. Barnes**, Harrisburg, PA, was re-elected president of the medical staff at Community General Osteopathic Hospital.

**David V. Condoluci**, Moorestown, NJ: "Protein and Energy Metabolism in AIDS Patients," JAOA, Vol. 88, 1988.

**Dante J. DiMarzio, Jr.**, Granger, IN, passed the first qualification examination ever given by the American Board of Pathology for subspecialty competency in cytopathology.

**R. Michael Gallagher**, Indian Mills, NJ, was named assistant dean for primary care and professor of clinical family practice at the UMDNJ School of Osteopathic Medicine.

**Robert K. Hippert**, Fleetwood, PA, was elected president of the medical staff at Community General Hospital in Reading.

1977

**Francis X. Brescia, Jr.**, Harrisburg, PA, was accepted as a Fellow in the American College of General Practitioners in Osteopathic Medicine and Surgery.

**John L. Runyan**, Bloomsburg, PA, was named chief of staff of Bloomsburg Hospital.

1978

**Frank W. Corbally**, Medford, NJ: "Electrocardiographic Criteria of Left Atrial Enlargement: Do They Correlate with Atrial Size?," JAOA, Vol. 88, 1988.

1979

**Sharon Altman**, Ambridge, PA, has joined the medical staff of Sewickley Valley Hospital.

**Dennis M. Guest**, Yardley, PA, was appointed to the State Board of Osteopathic Medicine by Governor Robert Casey.

1980

**Thomas Powell**, Wyncote, PA, director of emergency services, is helping to achieve a turnaround in patient care at Giuffre, which is now named Girard Medical Center.

**Victor Farrah**, Meadville, PA, was elected chief of ob/gyn at Meadville Medical Center.

**Alan Geisler**, Cherry Hill, NJ: "Electrocardiographic Criteria of Left Atrial Enlargement: Do They Correlate with Atrial Size?," JAOA, Vol. 88, 1988.

**Richard B. Esack**, Ft. Lauderdale, FL, has been appointed chairman of the Board for Certification in Anesthesiology by the American Academy of Osteopathic Anesthesiologists.





Andrew Sitkoff, '85

**Linda A. Seeley**, Roslyn, PA, was appointed assistant professor of clinical pathology at the UMDNJ School of Osteopathic Medicine.

**Philip J. Stevens**, Oreland, PA, was appointed acting chairman of the department of physical medicine and rehabilitation services at Metropolitan Hospital, Springfield Division.

#### 1981

**Robert I. Barsky**, Cherry Hill, NJ, joined the associate staff, department of surgery, section of urology, at West Jersey Health System.

**Thomas G. Majernick**, Lake Winola, PA, was appointed a clinical instructor in the department of medicine at Temple University and is an attending physician in the emergency care center at Mercy Hospital in Scranton.

**Enrico A. Marcelli**, Berlin, NJ, has joined the associate staff, department of surgery, section of orthopedics, at West Jersey Hospital.

**Nicholas Spagnola**, York, PA, was elected secretary-treasurer of the department of general practice at Memorial Hospital.

#### 1982

**Mitchell K. Freedman**, Philadelphia, PA, was appointed president of the medical staff at Magee Rehabilitation Hospital.

**Joseph M. Kaczmarczyk**, Gallup, NM, LCDR in the U.S. Public Health Service at the

Gallup Indian Medical Center, was the attending ob/gyn at the delivery of a son to Julie and Lt. **Robert Hill**, '87.

**John B. Legere**, Swedesboro, NJ: "Current Therapy of Decubitus Ulcers," Journal of the NJAOPS, Vol. 89(1), 1990.

**Thomas H. Neill**, Pottsville, PA, director of the Valley Health Family Care Center in Wind Gap, was appointed clinical assistant in the department of medicine, division of family medicine, at the community hospital.

**Alan Stankiewicz**, Patton, PA, was granted consulting privileges in radiology at Punxsutawney Area Hospital.

#### 1983

**Jane E. Rowe**, Laurel, MD, was elected to fellowship in the American Academy of Pediatrics.

#### 1984

**Benjamin H. Auerbach**, Kennett, PA, was appointed to the courtesy staff, department of medicine, section of family practice, at The Chester County Hospital.

**K. Corinne Besser**, Sewickley, PA, was board certified in emergency medicine and is an emergency physician at Sewickley Valley Hospital.

**Richard A. Hiscox**, Shavertown, PA, has joined a family medicine practice at Market Street Plaza in Nanticoke.

**Joseph A. Rigotti**, Horsham, PA, was certified by the

American Board of Internal Medicine.

#### 1985

**Gary Czulada**, York, PA, was elected vice chairman of the department of general practice at Memorial Hospital.

**Howard M. Goldman**, Philadelphia, PA: "Acne Vulgaris: Pathogenesis and Treatment," Journal of the NJAOPS, Vol. 89(1), 1990.

**Andrew Sitkoff**, West Chester, PA, was appointed to the attending staff, department of medicine, section of internal medicine, at The Chester County Hospital.

#### 1986

**Bruce A. Colley**, Downingtown, PA, has opened his office and was appointed to the attending staff, department of medicine, section of family practice, at The Chester County Hospital.

**John Filips**, Philadelphia, PA, opened his practice in Newtown.

**Mark E. Folk**, Sinking Spring, PA, has joined the Myerstown Family Practice Association, PC.

**Thomas J. Moran**, Virginia Beach, VA, a LCDR Flight Surgeon and staff pilot for Attack Squadron 42 based at NAS Oceana, Virginia, was recently named "Naval Air Force Atlantic Fleet Flight Surgeon of the Year."

## Seminar Promotes Osteopathic Medicine

**Michael P. Ondich**, Rural Valley, PA, has opened his office and was appointed to the attending medical staff at Armstrong County Memorial Hospital.

**Richard N. Rudnicki**, New Orleans, LA, is training in dermatology at Burks-Farber Clinic and participated in the small states spokesperson program in Chicago.

1987

**Linda M. Case**, Colorado Springs, CO, is a Champus partner at the U.S. Air Force Academy, co-medical director of the Women's Health Service Clinic, and a volunteer ski instructor at the National Sports Center for the Disabled in Winter Park, Colorado.

**Doris D. Corey**, Norristown, PA, was appointed to the medical staff, department of family practice, at Phoenixville Hospital, and is associated in practice with **Janet Brown**, '83.

**Janis E. Fegley**, McMurray, PA, has joined the medical staff at Community Medical Center of Northwest Washington County.

**Jean Golden-Tevald**, Elizabeth, NJ, has joined the medical staff in the department of family medicine at Hunterdon Medical Center.

**Mark L. Mascari**, Hummelstown, PA, has opened a practice at Chambers Hill Family Medical Center in Harrisburg.

**Edward J. Mea**, Royersford, PA, was appointed to the med-

ical staff, department of family practice, at Phoenixville Hospital, and has opened his practice in Zieglerville.

**Robin E. Savar**, Havertown, PA, has been appointed to the attending staff, department of medicine, section of family practice, at The Chester County Hospital.

1988

**Michael D. Cesare**, Altoona, PA, is member of the team of Altoona Hospital family medicine residents now serving Mount Union Area Medical Center.

**Neal M. Davis**, Wilkes-Barre, PA, was elected chief resident of the Wyoming Valley Family Practice Residency Program.

Wilkes University in Wilkes-Barre, PA, was the site of a seminar jointly sponsored by Wilkes and PCOM. More than 50 Wilkes students attended the lecture to learn more about osteopathic medicine and an educational program between the two schools. Key speakers at the event were **Carol Fox**, director, PCOM Admissions, and **Patrick Kerrigan**, DO, '84, a member of PCOM's Alumni Recruitment Network who practices in Wilkes-Barre.

In 1987, Wilkes and PCOM formed an affiliation, creating

an undergraduate and professional school program, allowing students to fulfill requirements for both baccalaureate and doctor of osteopathy degrees in seven years. The Alumni Network was developed this year to recruit prospective students for the college. It consists of a core group of 24 alumni throughout Pennsylvania who distribute recruitment materials to interested applicants, speak with interested students and actively seek candidates for admission to PCOM.



*Attending the seminar for Wilkes University students are (left to right) John Serrano, Wilkes premedical student, Carol Fox, director, PCOM Admissions, Pam Trullinger, PCOM Admissions, and Patrick Kerrigan, DO, '84, a member of PCOM's Alumni Network.*

**Maxwell J. Platt**, '35, GP, Verona, NJ, died November 9 at age 77. Honored in 1985 by the AOA for 50 years of service, Dr. Platt practiced in East Orange from 1937 until retirement a few months prior to his death. He was chief of the allergy clinic at St. Michael's Medical Center, Newark, and a member of the AOA, ACGPOMS, New Jersey Allergy Society, and the Association of Military Surgeons of the U.S.

**Arthur S. Platt**, DO, '73, and **Ellen M. Platt**, DO, '73, of Cedar Grove, NJ, are son and daughter-in-law.

**George F. Johnson**, '36, RM, Sparta, NJ, died November 5 at age 79. Dr. Johnson began his Bay Ridge, Brooklyn, practice in 1936 and moved to Sparta in 1974, where he practiced until 1979. During retirement he served as medical director of the Andover and Lincoln Park Nursing Centers. Governor Rockefeller appointed him to the medical advisory board of the New York State Athletic Commission; he was a fellow of the AOC and served on the New Jersey Board of Medical Examiners.

**Joseph Laytin**, '38, GP, Coconut Creek, FL, died August 27 at age 80. Dr. Laytin practiced on South 52nd Street in Philadelphia for 40 years and then retired in 1978. A '31 graduate of the Philadelphia College of Pharmacy and Science, he was a founder of Metropolitan Hospital. During World War II he taught CPR to the Civilian Defense League and helped Connie Mack and the Philadel-

phia A's with baseball's support of the Red Cross.

**Bernard M. Alper**, '46, GP, Philadelphia, PA, died December 21 at age 74 from pancreatic cancer. Dr. Alper lectured for many years on ophthalmology and was on the staffs of Metropolitan Hospital, Parkview Division, and Osteopathic Medical Center. He was a member of the ACGP, AOA, and POMA.

**Joseph E. Kunkle**, '49, Kittanning, PA, died February 5, 1989, at age 77 in the Aspinwall Veterans Administration Medical Center. Born in Johnstown, PA, a graduate of Slippery Rock University and a Navy veteran of World War II, Dr. Kunkle had practiced in Kittanning since 1953.

**John A. Kline**, '55, PATH, Lewisburg, WV, died August 21 at age 59. A native of Lancaster, PA, Dr. Kline had served as an instructor and chairman of pathology at osteopathic hospitals in Waterville, ME, Grand Rapids, MI, and Kirksville, MO. Previously chairman and professor of pathology at KCOM, he held the same post at WVSOM at the time of his death. Dr. Kline was a fellow and former president of the AOCP, and a member of the AOA, American Mensa & Mensa International and the American Registry of Pathology.

**Ralph A. Luongo**, '56, GP, Linwood, PA, died December 19 at age 65. Dr. Luongo was the founder and director of the Chichester Medical Center

and practiced in Linwood since 1957. He served with an Army combat medical unit in Europe. He came to PCOM after graduating at the top of his Villanova class and working as an industrial chemist for two years. Dr. Luongo was the health officer for both Marcus Hook Borough and Lower Chichester Township for many years and organized assistance for victims of lupus erythematosus. He was a member of the ACGP, AGS and the PCOM Alumni Association.

**Edwin Z. Stein**, '57, PSY, Wernersville, PA, died January 8 at age 59. Dr. Stein served as a psychiatrist on the staff of Embreeville State Hospital and the Coatesville Veterans Administration Hospital. Born in Philadelphia and a '52 graduate of Temple University, he was a member of the ACN, AOA and POMA.

**Andrew A. Trimble**, '58, GP, Chamblee, GA, died in December.

**Joel V. Woodruff**, '69, N, Delmar, NY, died September 18 at age 46 after a long illness. Dr. Woodruff was chief of neurology at St. Peter's Hospital and Memorial Hospital in Albany. A native of Flint, MI, he was a founder and senior partner of the Capital Neurological Associates. For the past several years he served as a member of the New York State Board of Medicine and also the Mental Hygiene Review Board. He was a member of the AAN, the Albany County Medical Society, and the Hudson-Mohawk Neurologic Society.

***Osteopathic***

**Osteopathic Medical Center of Philadelphia**  
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